

**STATEMENT OF ECONOMIC INTERESTS**Date Initial Filing Received  
Official Use Only**COVER PAGE**LAUSD  
CHARTER SCHOOLS  
DIVISION**A PUBLIC DOCUMENT**

Please type or print in ink.

2019 MAR 22 PM 2:46  
(MIDDLE)

NAME OF FILER (LAST) (FIRST)

Sherman

Bari

Cooper

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)

LOS ANGELES UNIFIED SCHOOL DISTRICT

Division, Board, Department, District, if applicable

Board Member

Your Position

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency:

Position:

**2. Jurisdiction of Office (Check at least one box)** State Judge or Court Commissioner (Statewide Jurisdiction) Multi-County \_\_\_\_\_ County of \_\_\_\_\_ City of \_\_\_\_\_ Other PORTION OF LA COUNTY (LAUSD)**3. Type of Statement (Check at least one box)** Annual: The period covered is January 1, 2018, through December 31, 2018.

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2018.

 Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_ Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one circle.) Candidate: Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_ The period covered is January 1, 2018, through the date of leaving office. The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.**4. Schedule Summary (must complete) ► Total number of pages including this cover page: 3****Schedules attached**

- Schedule A-1 - Investments - schedule attached  
 Schedule A-2 - Investments - schedule attached  
 Schedule B - Real Property - schedule attached

- Schedule C - Income, Loans, & Business Positions - schedule attached  
 Schedule D - Income - Gifts - schedule attached  
 Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-  None - No reportable interests on any schedule**5. Verification**MAILING ADDRESS STREET  
(Business or Agency Address Recommended - Public Document)

CITY

STATE

ZIP CODE

1919 S. Burnside Ave

Los Angeles

CA

90016

DAYTIME TELEPHONE NUMBER

( 323 ) 939-6400

EMAIL ADDRESS

bsherman101@gmail.com

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3/21/19  
(month, day, year)

Signature

(File the originally signed paper statement with your filing official.)

# SCHEDULE A-1

## Investments

### Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

*Investments must be itemized.*

*Do not attach brokerage or financial statements.*

CALIFORNIA FORM **700**  
FAIR POLITICAL PRACTICES COMMISSION

Name  
Bari Cooper Sherman

► NAME OF BUSINESS ENTITY

Turner-Agassi Charter School Facilities Fund II

GENERAL DESCRIPTION OF THIS BUSINESS

charter school development

FAIR MARKET VALUE

- |   |   |
|---|---|
| <input type="checkbox"/> \$2,000 - \$10,000                 | <input type="checkbox"/> \$10,001 - \$100,000 |
| <input checked="" type="checkbox"/> \$100,001 - \$1,000,000 | <input type="checkbox"/> Over \$1,000,000     |

NATURE OF INVESTMENT

- |   |   |
|---|---|
| <input type="checkbox"/> Stock                  | <input type="checkbox"/> Other _____<br>(Describe)  |
| <input checked="" type="checkbox"/> Partnership | <input type="radio"/> Income Received of \$0 - \$499<br><input type="radio"/> Income Received of \$500 or More (Report on Schedule C) |

IF APPLICABLE, LIST DATE:

— / — / **18**      — / — / **18**  
ACQUIRED                  DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

- |  |   |
|--|---|
| <input type="checkbox"/> \$2,000 - \$10,000      | <input type="checkbox"/> \$10,001 - \$100,000 |
| <input type="checkbox"/> \$100,001 - \$1,000,000 | <input type="checkbox"/> Over \$1,000,000     |

NATURE OF INVESTMENT

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> Stock       | <input type="checkbox"/> Other _____<br>(Describe)  |
| <input type="checkbox"/> Partnership | <input type="radio"/> Income Received of \$0 - \$499<br><input type="radio"/> Income Received of \$500 or More (Report on Schedule C) |

IF APPLICABLE, LIST DATE:

— / — / **18**      — / — / **18**  
ACQUIRED                  DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

- |  |   |
|--|---|
| <input type="checkbox"/> \$2,000 - \$10,000      | <input type="checkbox"/> \$10,001 - \$100,000 |
| <input type="checkbox"/> \$100,001 - \$1,000,000 | <input type="checkbox"/> Over \$1,000,000     |

NATURE OF INVESTMENT

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> Stock       | <input type="checkbox"/> Other _____<br>(Describe)  |
| <input type="checkbox"/> Partnership | <input type="radio"/> Income Received of \$0 - \$499<br><input type="radio"/> Income Received of \$500 or More (Report on Schedule C) |

IF APPLICABLE, LIST DATE:

— / — / **18**      — / — / **18**  
ACQUIRED                  DISPOSED

Comments: \_\_\_\_\_

**SCHEDULE C**  
**Income, Loans, & Business**  
**Positions**  
(Other than Gifts and Travel Payments)

CALIFORNIA FORM **700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

Bari Cooper Sherman

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

Turner-Agassi Charter School Facilities II Fund

ADDRESS (Business Address Acceptable)

3000 Olympic Blvd, Santa Monica, CA 90404

BUSINESS ACTIVITY, IF ANY, OF SOURCE

charter school development

YOUR BUSINESS POSITION

Vice President

GROSS INCOME RECEIVED

No Income - Business Position Only

\$500 - \$1,000

\$1,001 - \$10,000

\$10,001 - \$100,000

OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

Salary       Spouse's or registered domestic partner's income  
(For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use  
Schedule A-2.)

Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)

Loan repayment

Commission or       Rental Income, list each source of \$10,000 or more

\_\_\_\_\_  
(Describe)

Other \_\_\_\_\_  
(Describe)

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

No Income - Business Position Only

\$500 - \$1,000

\$1,001 - \$10,000

\$10,001 - \$100,000

OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

Salary       Spouse's or registered domestic partner's income  
(For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use  
Schedule A-2.)

Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)

Loan repayment

Commission or       Rental Income, list each source of \$10,000 or more

\_\_\_\_\_  
(Describe)

Other \_\_\_\_\_  
(Describe)

► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

- \* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\*

INTEREST RATE

TERM (Months/Years)

\_\_\_\_\_ %       None

ADDRESS (Business Address Acceptable)

\_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF LENDER

SECURITY FOR LOAN

HIGHEST BALANCE DURING REPORTING PERIOD

None       Personal residence

\$500 - \$1,000

Real Property \_\_\_\_\_  
Street address

\$1,001 - \$10,000

\_\_\_\_\_

\$10,001 - \$100,000

OVER \$100,000

Guarantor \_\_\_\_\_

Comments: \_\_\_\_\_

Other \_\_\_\_\_

(Describe)